

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

22633

1. PLACE OF DEATH

County.....
Tewaship.....
City.....

Registration District No.....

Primary Registration District No.....

File No.....

Registered No.....

St..... Ward.....

2. FULL NAME

(a) Residence. No. 505 S. 23rd St. 22 Ward.

(Usual place of abode)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. If MARRIED, WIDOWED, or DIVORCED—HUSBAND OF (or) WIFE OF Xeroy Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-9-1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 19 5 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Memphis (STATE OR COUNTRY) Tenn

10. NAME OF FATHER Fred Miller

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ida Adams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown (STATE OR COUNTRY)

14. INFORMANT Alfred Miller (Address) 505 S. 23rd St

15. FILED JUL -2 1928 Max C. Starker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 27 1928

I HEREBY CERTIFY That I attended deceased from June 20 1928 to June 27 1928 that I last saw him alive on June 27 1928 and that death occurred, on the date stated above at 11:55 P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS: Meningitis Simple (Type Undetermined)

724 (duration) 0 yrs. 0 mos. 9 ds.

CONTRIBUTORY Cause unknown (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 505 S. 23rd IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) George Harrison, M. D.

6/28, 1928 (Address) HOSPITAL

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Greenwood 7-2 1928

20. UNDERTAKER ADDRESS

B. Leonard 2702 Landon

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

